

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11-126		1-7-83-61
O.I.P.E. CLASSIFIER	19		1-7-83-61
FORMALITY REVIEW	M-W	11-02	63116101
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/1/83
2	✓	✓	7/26/83
3	✓	✓	10/2/83
4	✓	✓	10/2/83
5	✓	✓	10/2/83
6	✓	✓	10/2/83
7	✓	✓	10/2/83
8	✓	✓	10/2/83
9	✓	✓	10/2/83
10	✓	✓	10/2/83
11	✓	✓	10/2/83
12	✓	✓	10/2/83
13	✓	✓	10/2/83
14	✓	✓	10/2/83
15	✓	✓	10/2/83
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

Claim	Final	Original	Date
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